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Bib Data Sheet

CONFIRMATION NO. 7208

<b>SERIAL NUMBER</b> 09/922,473	<b>FILING OR 371(c) DATE</b> 08/03/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> CTREE-72853 (155696033-P01)	
<b>APPLICANTS</b> Alex Urich, Mission Viejo, CA;  <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/274,451 03/09/2001 <i>YLB</i> <b>** FOREIGN APPLICATIONS *****</b> <i>none YLB</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/12/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 24201					
<b>TITLE</b> Surgical flow restrictor and filter					
<b>FILING FEE RECEIVED</b> 547	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		